

Name of Carrier \_\_\_\_\_ No. \_\_\_\_\_  
 Address of Carrier \_\_\_\_\_  
 Reporting Period \_\_\_\_\_ to \_\_\_\_\_  
 (Inclusive dates)

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Table D. I. A. Utilization -- Nonmaternity Services: General Summary; Number of claimants, Amount of claimants' expenses by type of medical expense, and amount of benefits paid by plan, by patient category.

		Hospitalization				Physicians' and other Expenses						Grand Total	
Patient Category	No. of Claimants	Aggregate No. days	Expenses for:			Total Expenses	Physicians' Fees		Other related expenses			Claimant Expenses	Benefits Paid by Plan
			Total Expense	Room & Board	Other Hosp. Expense		Surgical Services	Medical Services	Special Nursing	Non Hosp. Drugs	Other		
Column 1	2	3	4	5	6	7	8	9	10	11	12	13	14
1 Total, All Claims													
2 Number													
3 Amount			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
4 Active Employees and Dependents, total													
5 Number													
6 Amount			\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
7 Employees, total													
8 Male													
9 Female													
10 Dependents, total													
11 Spouse													
12 Male													
13 Female													
14 Child													
15 Annuitants and dependents, total													
16 Annuitants, Employee and-survivor total													
17 Dependents, total													

(Note: Insert "Number" "Amount" (as on lines 2, 3, 5, 6, above) under each of items and sub-items 7 through 17 below)

Separate Tables for:

1 a) All cases, Both options combined  
b) High option, as above.  
c) Low option, as above.

2 a) Hospitalized cases, - Not surgically treated. Both options combined  
b) High option, as above.  
c) Low option, as above.

3 a) Hospitalized cases - Surgically treated. Both options combined  
b) High option, as above.  
c) Low option, as above.

4 a) Cases, not hospitalized - Both options combined.  
b) High option, as above.  
c) Low option, as above.

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Table D. I. B. Utilization --

Normaternity Services: State Summary, All Hospital and Medical expense, Number of Claimants, amount of claimant expenses by type of medical expense, and amount of benefits paid by plan; by patient category, by state, and by option.

State	No. of Claim- ants	Hospitalization						Physicians' and other Expenses						Grand Total	
		No. of Claims	Aggre- gate No. of days	Expenses for:			Total Ex- pen- ses	Physicians' Fees		Other related expenses		Claim- ant Ex- pen- ses	Benefits Paid by Plan		
				Total	Room & Board	Other Hosp. Ex- pen- ses		Surgical Services		Medical Services					
								No. of Claim- ants	Amt	No. of Claim- ants	Amt			No. of Claim- ants	Amt.
Column 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1 Total, all claims (both options)				\$	\$	\$	\$		\$		\$		\$	\$	\$
2 High option															
3 Low option															
4 U. S. all states and territories, total															
High option															
Low option															
5 Overseas (Foreign), total															
High option															
Low option															
6 United States (50 States and D.C.), total															
High option															
Low option															
7 Alabama, total															
High option															
Low option															
8 Alaska, total															
High option															
Low option															
9-57, other States and D.C.															
58 U.S. Territories and Dependencies, total															
High option															
Low option															

Separate Tables for:

1. All claimants.
2. Active employees.
3. Dependents, Total (spouse and child) of active employees.
4. Annuitants and annuitant dependents.

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## Separate Tables for:

1. All claimants.
2. Active employees.
3. Dependents, Total (spouse and child) of active employees.
4. Annuitants and annuitant dependents.

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General Employees Health Benefits Program

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D. I. C. Utilization -- Nonmaternity Services, Summary by age and sex: All hospital and medical expenses of active employees and annuitants; number of hospital admissions; days hospitalized; amount of claimants' expenses, by type of expense; amount of benefits paid by plan; by age, sex and by option.

Age and Sex	No. of Claimants	Hospitalization					Physicians' and other Expense							Grand Total	
		No. of Claims	Aggregate No. of days	Expenses for:			Total Expenses	Physicians' Fees				Other related expenses		Claimant Expenses	Benefits Paid by Plan
				Total Expenses	Room & Board	Other Hosp. Expenses		Surgical Services		Medical Services		No. of Claimants	Amount		
								No.	Amt.	No.	Amt.				
				\$	\$	\$	\$	No. of Claimants	\$	No. of Claimants	\$		\$	\$	\$
Column 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Total, all ages															
Male															
Female															
Under 19, total															
Male															
Female															
19 and under 34, total															
Male															
Female															
35 and under 45, total															
Male															
Female															
45 and under 55, total															
Male															
Female															
55 and under 62, total															
Male															
Female															
62 and under 65, total															
Male															
Female															
65 and under 70, total															
Male															
Female															
70 and over															
Male															
Female															

Separate Tables for:

- a. All Active Employees and Annuitants, both options combined  
 b. High Option, as above  
 c. Low Option, as above
- a. Active Employees, both options combined  
 b. High Option, as above  
 c. Low Option, as above
- a. All Annuitants, both options combined  
 b. High Option, as above  
 c. Low Option, as above

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Separate Tables for:

1. a. All Active Employees and Annuitants, both options combined  
 b. High Option, as above  
 c. Low Option, as above
2. a. Active Employees, both options combined  
 b. High Option, as above  
 c. Low Option, as above
3. a. All Annuitants, both options combined  
 b. High Option, as above  
 c. Low Option, as above

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Employees Health Benefits Program

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Table D. II. Utilization -- Normal Maternity Services. Duration of Hospitalization. Number of claimants; days hospitalized; Amount of hospital, medical and other related expenses; and benefits paid by plan; by patient category, length of hospital stay, and by option.

Number of days Hospitalized	No. of Claimants	Hospitalization					Physicians' and other Expenses						Grand Total	
		Aggregate No. days	Expenses for:			Total Expenses	Physicians' Fees				Other related Expenses		Claimants Expenses	Benefits Paid By Plan
			Total Expenses	Room & Board	Other Hosp. Expenses		Surgical Service		Medical Services		No. of Claimants	Total Amount		
							No. of Claimants	Total Amount	No. of Claimants	Total Amount				
Column 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Total, all days														
Male														
Female														
1 day														
Male														
Female														
2 days														
Male														
Female														
3 days														
as above														
5-14 days														
as above														
15-29 days														
as above														
30-69 days														
as above														
70-119 days														
as above														
120 and up														
as above														
Separate Tables for:														
1. a) All hospitalized cases, all claims, Both options combined.														
b) High option, as above														
c) Low option, as above														
2. a) Hospitalized Active Employees, total - Both options combined.														
b) High option, as above														
c) Low option, as above														
3. a) Hospitalized dependents, of Active Employees - Both options combined.														
1) Spouse - both options combined														
2) Child - both options combined														
b) High option, as above														
1) Spouse -														
2) Child -														
c) Low option, as above														
1) Spouse -														
2) Child -														
4. a) Hospitalized Annuityants and dependents, both options combined														
b) High option, as above														
c) Low option, as above														

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D.III. A. Utilization — Neonatalernity Services: Primary Cause for medical service; Number of Claimants, amount of claimants' expenses and of benefits paid by plan, by type of case, patient category, and option.

Primary Cause Disease, or Systemic Disorder)	Total All Claims			Claims Involving Hospital Expenses								All Other Claims		
	Total Amount			Surgically Treated				Not Surgically Treated				Total Amount		
	No. of claim- ants	Claim- ants Expenses	Bene- fits Paid by Plan	No. of claim- ants	Aggre- gate No. Days	Claim- ants Expenses	Bene- fits Paid by Plan	No. of claim- ants	Aggre- gate No. Days	Claim- ants Expenses	Bene- fits Paid by Plan	No. of claim- ants	Claim- ants Expenses	Bene- fits Paid by Plan
Column 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1 Total, all Claimants		\$	\$			\$	\$			\$	\$		\$	\$
2 Male														
3 Female														
4 Tuberculosis														
5 Male														
6 Female														
7 Neoplasms, Malignant														
8 as above														
9 Neoplasms, Benign and all other														
10 as above														
11 Endocrine and Metabolic disorders														
12 as above														
13 Mental Disorders														
14 as above														
15 Nervous system and Sense Organs														
16 as above														
17 Diseases of Heart														
18 as above														
19 Circulatory system, all Other														
20 as above														
21 Pneumonia, Bronchitis, Influenza														
22 as above														

Separate Tables for:

1. a) All claims, both options combined  
 b) High option, as above  
 c) Low option, as above
2. a) Active employees total claims, both options combined  
 b) High option, as above  
 c) Low option, as above
3. a) Dependents of Active Employees, claims, both options combined  
 b) High option, as above  
 c) Low option, as above
4. a) Annuitants and Dependents, claims, both options combined  
 b) High option, as above  
 c) Low option, as above

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D. III. A. Utilization -- Nonmaternity Services: Primary Cause for medical service; Number of Claimants, amount of claimants' expenses and of benefits paid by plan, by type of case, patient category, and option.

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Primary Cause (Disease, or Systemic Disorder)	Total All Claims			Claims Involving Hospital Expenses								All Other Claims		
	No. of claim- ants	Total Amount		No. of claim- ants	Aggre- gate No. Days	Surgically Treated		No. of claim- ants	Aggre- gate No. Days	Not Surgically Treated		No. of claim- ants	Total Amount	
		Claim- ants Expenses	Bene- fits Paid by Plan			Claim- ants Expenses	Bene- fits Paid by Plan			Claim- ants Expenses	Bene- fits Paid by Plan		Claim- ants Expenses	Bene- fits Paid by Plan
Column 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16 Respiratory system, all Other		\$	\$			\$	\$			\$	\$		\$	\$
17 Male														
18 Female														
19 Stomach and duodenum as above														
20 Gallbladder, and bile duct as above														
21 Digestive system, all other as above														
22 Urinary and male re- productive system as above														
23 Female reproductive system as above														
24 Diseases of Bones and Organs of Movement as above														
25 Injuries, Poisoning & Violence as above														
26 Other, all (not else- where reported) as above														

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Table D: III. B. Utilization -- Nonmaternity Services: Surgery; Number of claimants, days hospitalized, amount of hospital, medical and other related expenses and amount of benefits paid by plan, by surgical procedure, by sex.

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plan, by surgical procedure, by sex.														
Surgical Procedures Performed	No. of Claimants	Hospitalization				Physicians' and other Expenses						Grand Total		
		Aggregate No. days	Expenses for:			Total Expenses	Physicians' Fees				Other related Expenses	Claimant Expenses	Benefits Paid by Plan	
			Total Ex- penses	Room & Board	Other Hosp. Ex- penses		Surgical Services		Medical Services					
							No. of Claimants	Amt.	No. of Claimants	Amt.				
Column 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1 Total, all procedures			\$	\$	\$	\$		\$		\$		\$	\$	\$
2 Male														
3 Female														
4 Tonsil and adenoid-ectomy														
5 Male														
6 Female														
7 Thoracic surgery														
8 Male														
9 Female														
10 Mastectomy														
11 as above														
12 Hernia, Repair of, all														
13 Appendectomy														
14 Abdominal, other														
15 Hemorrhoidectomy														
16 Cholecystectomy														
17 Prostatectomy														
18 Male														
19 Cystoscopy														
20 D. & C. (non-maternal)														
21 Female														
22 Hysterectomy														
23 Female														
24 Fractures and Dislocations														
25 Neoplasms, Excision of (not elsewhere reported)														
26 Other, all (not elsewhere reported)														

Separate Tables for:

- a) All claims, Both options combined

b) High option, as above

c) Low option, as above
- a) Active employees claims, Both options

b) High option, as above

c) Low option, as above
- a) Dependents of active employees claims, Both options

b) High option, as above

c) Low option, as above
- a) All Annuitants and dependents claims, Both options

b) High option, as above

c) Low option, as above

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Separate Tables for:

- All claims, Both options combined
  - High option, as above
  - Low option, as above
- Active employees claims, Both options
  - High option, as above
  - Low option, as above
- Dependents of active employees claims, Both options
  - High option, as above
  - Low option, as above
- All Annuitants and dependents claims, Both options
  - High option, as above
  - Low option, as above

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Table D. IV. Utilization -- Nonmaternity Services: Size of expense; Number of claimants, amount of claimants' expenses and of benefit paid by plan; by size of expense type of claim, category of patients, and by option.

Size of Total Expenses	Total All Claims			Claims Involving Hospital Expenses						All Other Claims		
	Total Amount			Surgically Treated			Not Surgically Treated			Total Amount		
	No. of Claim- ants	Claim- ants Expenses	Benefits Paid by Plan	No. of Claim- ants	Claim- ants Expenses	Benefits Paid by Plan	No. of Claim- ants	Claim- ants Expenses	Benefits Paid by Plan	No. of Claim- ants	Claim- ants Expenses	Benefits Paid by Plan
Column 1	2	3	4	5	6	7	8	9	10	11	12	13
1 Total, All Claims												
2 Male												
3 Female												
4 \$ 1 -- 49												
5 Male												
6 Female												
7 50 -- 99												
8 as above												
9 100 -- 199												
10 as above												
11 200 -- 299												
12 as above												
13 300 -- 399												
14 as above												
15 400 -- 499												
16 as above												
17 500 -- 599												
as above												
1,000 -- 2,499												
as above												
2,500 -- 4,999												
as above												
5,000 -- 9,999												
as above												
10,000 -- 19,999												
as above												
20,000 -- 29,999												
as above												

Separate Tables for:

1. a) All Claimants, Both options combined
- b) High option, as above
- c) Low option, as above
2. a) Active Employees claims, Both options combined
- b) High option, as above
- c) Low option, as above
3. a) Dependents of Active Employees claims, Both options combined
- b) High option, as above
- c) Low option, as above
4. a) Spouse of Active Employees claims, Both options combined
- b) Total high option, as above
- c) Total low option, as above
5. a) Child of Active Employees claims, Both options combined
- b) High option, as above
- c) Low option, as above
6. a) All Annuitants and Dependents claims, Both options combined
- b) High option, as above
- c) Low option, as above



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Table D. V. A. Utilization -- Maternity Services: Expenses and Benefits; Number of patients, hospital admissions, expenses paid by claimants, benefit paid by plan, by duration of hospital stay, and by type of maternity service.

Column 1		Number of Patients 2	Hospitalization		Total		Hospital Expenses		Physicians' Fees			
			Admis- sions 3	Aggregate No. days 4	Expenses 5	Benefit Paid 6	Expenses 7	Benefit Paid 8	Fee 9	Bene- fit 10	Fee 11	Bene- fit 12
Length of Stay												
1	Total, all patients				\$	\$	\$	\$	\$	\$	\$	
2	1 day or less											
3	2 days											
4	3 days											
5	4-5 days											
6	6-9 days											
7	10 days and over											
Type												
8	Total, all patients				\$	\$	\$	\$	\$	\$	\$	
9	Deliveries											
10	Normal											
11	Caesarean Section											
12	Ectopic pregnancy											
13	Miscarriage											
14	Other Complications of pregnancy											
15	Other (false labor, etc.)											

Separate Tables for:

- a. All maternity services, both options combined  
b. \_\_\_\_\_, High option  
c. \_\_\_\_\_, Low option
- a. Active Employees and Annuitants, both options combined  
b. \_\_\_\_\_, High option  
c. \_\_\_\_\_, Low option
- a. Dependents of Employees and Annuitants both options combined  
b. \_\_\_\_\_, High option  
c. \_\_\_\_\_, Low option

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Table D. V. B. Utilization -- Maternity Services: State Summary, Expenses and benefits  
 Number of patients, hospital admissions, expenses paid by  
 claimants, benefit paid by plan, by state, total, (both  
 options combined) and by option.

State	Number of Patients	Hospital Admissions		Total		Hospital Expenses		Physicians' Fees		
		Admissions	Aggregate N. days	Expenses	Benefit Paid	Expenses	Benefit Paid	Obstetrical Fee	Anesthesia fee	Benefit Paid
(both options)										
1 Total, all claims options										
2 High option										
3 Low option										
4 U. S. all states and territories, total										
High option										
Low option										
5 Overseas (Foreign), total										
High option										
Low option										
6 United States (50 states and D.C.), total										
High option										
Low option										
7 Alabama, total										
High option										
Low option										
8 Alaska, total										
High option										
Low option										
9 - 57, Other states and D. C.										
58 U. S. Territories and Dependencies, total										
High option										
Low option										